COUEDINE A JEEC FORM ON	γ \		FOR LINE NUMBER DAGE SOLOGO SESSE								
SCHEDULE A (FEC Form 3X	·)	Use separate schedule(s)	(s) FOR LINE NUMBER: PAGE 66190OF 259 (check only one)						5956		
TEMIZED RECEIPTS		for each category of the									
		Detailed Summary Page	1 -	\vdash	1b	11c		12		_	
			13		4	15		16		17	
Any information copied from such Reports an										S	
or for commercial purposes, other than using	the name and add	dress of any political committe	e to solicit co	ntribut	tions f	rom su	ch co	mmit	tee.		
NAME OF COMMITTEE (In Full)											
ActBlue											
Full Name (Last, First, Middle Initial) HARVEY KAISER											
				Date of Receipt							
Mailing Address 50 MOHONK RD					M = M / D = D / Y = Y = Y						
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City	State NY	Zip Code				SA11A					
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Other (specify)		30.16	Earmark	ed for	BERN	NIE 201	6 (C	J0577	′130))	
Other (specify)		30.10	4								
Full Name (Last First Add to Lot 0)											
Full Name (Last, First, Middle Initial) JAMES KAISER			Data	f Door	ain+						
·			Date o	Rece	eipt						
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Name of Employer	Occupation		Earmark								
NYC DEPARTMENT OF EDUCATION	ANALYST										
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			4								
Full Name (Last, First, Middle Initial)	l										
JAMES KAISER			Date of	f Rece	eipt						
Mailing Address 111 FALCON HILLS DR.				M = M / D = D / Y = Y = Y							
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Name of Employer	Occupation										
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SUBTOTAL of Receipts This Page (optional))		· L_					1020	1.00		
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TOTAL This Period (last page this line numb	per only)		· L_								